

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY**

CLERK
U.S. DISTRICT COURT
DISTRICT OF NEW JERSEY
NEW JERSEY

20 NOV -5 P 12:04

Yolande Jean-Pierre

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

CFG Health Network
CFG Health Systems, LLC

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

**Complaint for Employment
Discrimination**

Case No. _____

(to be filled in by the Clerk's Office)

Jury Trial: ☐ Yes ☐ No
(check one)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

| | |
|--------------------|----------------------------|
| Name | <u>Yolande Jean-Pierre</u> |
| Street Address | <u>1503 GREGORY AVE</u> |
| City and County | <u>LINCOLN UNION</u> |
| State and Zip Code | <u>NEW Jersey 07083</u> |
| Telephone Number | <u>(908) 810-7141</u> |

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

| | |
|------------------------------|---------------------------|
| Name | <u>CFG Health Network</u> |
| Job or Title (if known) | <u>CFG Health Syst</u> |
| Street Address | <u>765 Route 70E</u> |
| City and County | <u>Marlton</u> |
| State and Zip Code | <u>New Jersey 08053</u> |
| Telephone Number | <u>(856) 797-4800</u> |
| E-mail Address (if known) | <u></u> |

Defendant No. 2

| | |
|----------------------------|---------|
| Name | <u></u> |
| Job or Title (if known) | <u></u> |
| Street Address | <u></u> |
| City and County | <u></u> |

State and Zip Code _____
Telephone Number _____
E-mail Address _____
(if known) _____

Defendant No. 3

Name _____
Job or Title _____
(if known) _____
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____
E-mail Address _____
(if known) _____

Defendant No. 4

Name _____
Job or Title _____
(if known) _____
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____
E-mail Address _____
(if known) _____

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is:

Name Union County Correction
Street Address 15 Elizabethtown Plaza
City and County Elizabethtown UNION
State and Zip Code New Jersey 07202
Telephone Number _____

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to (*check all that apply*):

- ☐ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☐ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

- ☒ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☐ Other federal law (*specify the federal law*):

- ☐ Relevant state law (*specify, if known*):

- ☐ Relevant city or county law (*specify, if known*):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (check all that apply):

☐

Failure to hire me.

☐

Termination of my employment.

☐

Failure to promote me.

☐

Failure to accommodate my disability.

☐

Unequal terms and conditions of my employment.

☒

Retaliation.

☒

Other acts (specify): Taunted Continually due to medical disability

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

From June 2019 to July 2020

C. I believe that defendant(s) (check one):

☒

is/are still committing these acts against me.

☐

is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check all that apply and explain):

☐

race _____

☐

color _____

☐

gender/sex _____

☐

religion _____

☐

national origin _____

☐

age. My year of birth is _____. (Give your year of birth only if you are asserting a claim of age discrimination.)

☒

disability or perceived disability (specify disability)

impaired bowel function

- E. The facts of my case are as follows. Attach additional pages if needed.

See attached

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

04/27/2021

- B. The Equal Employment Opportunity Commission (check one):

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on (date)

8/10/2021 (See attached)

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

☐

60 days or more have elapsed.

☐

less than 60 days have elapsed.

N/A

I was employed for three and half years by CFG Health as a Nurse Practitioner. I received positive job performance evaluations during my tenure. I had good rapport with my colleagues, and I always invited to participated to the employees' luncheons during holidays seasons (Thanksgiving & Christmas) prior to the release of my medical information.

I suffer from a mild form of bowel incontinent (medical disability), secondary to spinal cord surgery about five years ago. My disability is very sensitive because it affects my ability to move my bowel voluntary sometimes. I managed to keep my disability secret from everyone around me for fear of rejection, including from my, now, late husband. After reading a journal article about a new surgical procedure to manage my disability in the winter of 2019, I consulted a physician in New York City for possible surgery. The main reason I chose this physician was to minimize the possibility of meeting any former or current co-worker from the medical staff in the physician's office or the hospital during the course of my treatment.

However, my employer became aware of my sensitive disability because I used my employer-sponsored health insurance to pay for my doctor visits. Shortly after my surgical consultation in New York, my employer disclosed my sensitive medical information to my supervisor (Dr. Montilus) who in turn broadcasted it to my co-workers, and excluded me from the employees' luncheons during the holiday seasons in 2019. I soon became the subject of vicious and constant offensive jokes and remarks. One of those jokes occurred while I was leaving from work when a co-worker sarcastically called out my name and said "let out the shit while you're running" and four other co-workers burst out laughing about the offensive joke. In another occasion, I requested a facial mask from a supervisor (Ms. Phyllis) to perform my work, she looked at me and said "do you need it to change your diaper" and smiled sarcastically about the offensive joke. Another time, while I was sitting in an office with the office door open, a co-worker made gestures as he was about to place his container of food on my desk and then said "oh no I don't want my food gets in your shit" and then he walked away. In various occasions, my colleagues had asked me if I wore diaper to work.

I filed numerous complaints (see attached copies) with my supervisors and Human Resources about the offensive jokes and remarks, however, the torment continued. My supervisors (Ms. Byrd and Dr Montilus) retaliated against me by removing my employment file from a restricted office to a room accessible to all of my co-workers. Another time, after I complained about the offensive jokes and remarks, my supervisor informed me in an email that "not everyone is suited to work in correctional environment" and called the offensive jokes and remarks a "particular situation" (see attached copy). The offensive jokes and remarks became so intense to the point that I used all of my vacation time in calling out from work during the 2019 and 2020 years. Additionally, I had to seek psychological therapy for emotional distress and was diagnosed with major depression (see attached copy).

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

The plaintiff asks the Court to order appropriate punitive money damages

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: *Nov. 4*, 2021.

Signature of Plaintiff

Printed Name of Plaintiff

Yolande Jean Pierre
Yolande Jean-Pierre

B. For Attorneys

Date of signing: _____, 20__.

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Address _____

Telephone Number _____

E-mail Address _____

Important Document Available for EEOC Charge 524-2021-00824

U.S. Equal Employment Opportunity Commission <noreply@eeoc.gov>

Tue 8/10/2021 2:21 AM



To: yolande1986@msn.com <yolande1986@msn.com>

1 attachments (186 KB)

eeoc_color_seal6421997076204057436eeoc_color_seal;

**U.S. Equal Employment Opportunity Commission
Newark Area Office**

EEOC has made a decision regarding charge number 524-2021-00824. It is very important that you download and retain a copy of this document. You may review this decision by logging into the [EEOC Public Portal](#).

This email is an official notification from the Equal Employment Opportunity Commission (EEOC) regarding charge 524-2021-00824. Please do not reply to this email.

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